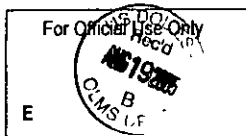


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|--|
| 1. File Number U- <u>12084</u> | 2. Fiscal Year Covered From <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u> |
| 3. Name and address of person filing. Name <u>JOHN A TROCCOLI JR.</u> P.O. Box, Bldg., Room No., if any <u>—</u> Street <u>3 MAYSEY CR</u> City <u>DENVILLE</u> State <u>NEW JERSEY</u> ZIP Code + 4 <u>07834</u> | 4. Name, file number, and address of labor organization. <u>UPCW 44</u> Name <u>JOHN A TROCCOLI JR.</u> <u>1245</u> Labor Organization File Number <u>002042</u> P.O. Box, Building and Room Number, if any <u>PO Box #1245</u> Street <u>275 PATTERSON AVE</u> City <u>LITTLE FALLS</u> State <u>N.J.</u> ZIP Code + 4 <u>—</u> |
| 5. Position in labor organization. | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|---|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name <u>BENEFIT PLAN ADMINISTRATION</u> Trade Name, if any: <u>SAME AS ABOVE</u> P.O. Box, Bldg., Room No., if any <u>—</u> Street <u>390 RT 202</u> City <u>MONTVILLE</u> State <u>NJ</u> ZIP Code + 4 <u>—</u> | 7.a. Nature of Interest, Transaction, or Income. <u>CHRISTMAS GIFT BASKET</u> <u>DEC. 2004</u> 7.b. Amount. <u>\$75.00</u> <u>SEVENTY-FIVE DOLLARS</u> |

Signature

| | | |
|--|---------------------------|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u>John Troccoli</u> | On <u>8/12/05</u> Date | <u>973-256-8480</u> Telephone Number |

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **ROCCO PRESS**
 Trade Name, if any: **SAME AS ABOVE**
 P.O. Box, Bldg., Room No., if any
 Street **171 WALNUT ST**
 City **PATERSON NJ**
 State **N.J.** ZIP Code + 4 **07502**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

\$20.00
Printing CO.
CHRISTMAS BOTTLE of BAILY'S IRISH CREAM

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **HGK FINANCIAL SERVICE**
 Trade Name, if any: **SAME AS ABOVE**
 P.O. Box, Bldg., Room No., if any **NEWBAT TOWERS SUITE 2601**
 Street **525 WASHINGTON BLVD.**
 City **Jersey City**
 State **NEW JERSEY** ZIP Code + 4 **07310**

11.a. Nature of such dealing.

MONEY MANAGER of LOCAL 1245 Pension FUND

11.b. Approximate dollar value of such dealing.

\$125.00

12.a. Nature of interest held or income received.

DINNER
SAVANNA STEAK House
N.Y. N.Y.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.